



Enrolment Agreement Form

◆ CHILD'S DETAILS

Child's official surname or family name:

Child's official given name:

Child's official other names / middle names:
(please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name:

Given name:

Child's Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation.

It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's date of birth (dd/mm/yyyy): ____ / ____ / ____

Male

Female

Child's ethnic origin(s):

Iwi your child belongs to:

Language(s) spoken at home:

Child's primary residential address:

Post Code:

◆ PRIVACY STATEMENT

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child. Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry: for funding allocation purposes, for monitoring purposes, to allow the assignment of a National Student Number, to your child, and, to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11. Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at National Student Number (NSN) » NZQA

*Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: National Student Numbers (NSN) – Education in New Zealand

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

PARENTS / GUARDIANS

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:

ADDITIONAL PERSON(S) WHO CAN PICK UP YOUR CHILD

Given names:	Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone:	Phone:

CUSTODIAL STATEMENT

Are there any custodial arrangements concerning your child?
 If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

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PERSON(S) WHO CANNOT PICK UP YOUR CHILD	
Name:	Name:

ADDITIONAL EMERGENCY CONTACTS (ALSO ABLE TO PICK UP CHILD)	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

CHILD'S DOCTOR	
Name:	Phone:
Name of medical centre:	

HEALTH	
Illness / allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted, and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICINE

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

Note: The service must provide specific information about the category (i) preparations that will be used.

Do you approve category (i) medicines to be used on your child?

Tick One

Yes

No

Name(s) of specific category (i) medicines that can be used on my child, **provided by service**:

Arnica Cream

Sunscreen

Anthisan Cream (antihistamine cream)

Crystaderm (antiseptic cream)

Parent / Guardian Signature: _____

Date: ____ / ____ / ____

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye / ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms / circumstances) medicine is to be given.

Parent / Guardian Signature: _____

Date: ____ / ____ / ____

Category (iii) Medicines

To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.

For staff: Individual health plan sighted, and a copy taken:

Tick One:

Yes

No

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

Parent / Guardian Signature: _____

Date: ____ / ____ / ____

STATUTORY HOLIDAYS / TERM BREAKS

This enrolment agreement is **inclusive** of school term breaks. Learning Unlimited is closed on Statutory Holidays, there is a charge for public holidays if your child/ren are normally booked for that day. Learning Unlimited may choose to stay open over the Christmas / New Year period. In this case, parents will only be charged for the days their child/ren attend. There will also be no fee charged for the four public holidays within this period, this includes Christmas day, Boxing Day, New Year's Day and Day after New Year's Day.

Parent / Guardian Signature: _____

Date: ____ / ____ / ____

◆ ENROLMENT DETAILS

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parent / Guardian Signature: _____ Date: ___ / ___ / ___

Our fees are to be paid 7 days of receiving the invoice. If you are aware that you cannot pay our fees when you receive our invoice, you must advise us immediately so we may discuss alternative payment options with you. Failure to pay our fees may result in suspension of the child's enrolment at our centre; referral to a debt collector and additional debt collection charges being applied. I accept that if my fees become more than two weeks overdue, my child may forfeit their place.

◆ 20 HOURS ECE ATTESTATION

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes No

If yes to either or both above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

Parent / Guardian Signature: _____ Date: ___ / ___ / ___

◆ DUAL ENROLMENT DECLARATION

I hereby declare that my child **is / is not** enrolled at another early childhood institution at the same times that he / she is enrolled at Learning Unlimited Childcare.

Parent / Guardian Signature: _____ Date: ___ / ___ / ___

REQUIRED INFORMATION FOR LICENSING PURPOSES

- Photo / video:** Permission for the child to be photographed / filmed for the purposes of assessment, planning and evaluation. Photos / videos will be used in the child's portfolio (paper based and on-line), centre planning folder, Facebook page and website. Photos / videos will not be used in advertising without first obtaining permission of the parent / guardian. If requested, we will remove photos / videos. **Parents will only take photos / videos of their OWN child while at Learning Unlimited.** By signing this agreement, you undertake not to prosecute or to instigate proceedings, claims or demands against Learning Unlimited Childcare in respect of any usage of above-mentioned photographs. For more information, please see our Privacy and Cyber Safety policy.
- Parent Information Book:** Please ensure you have read the information in the Parent Handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service. There is also information regarding how you can be involved in the service.
- Policy Statement:** Learning Unlimited Childcare have policies that set out procedures for the care and education of your child. We strongly urge you to read and understand them. A copy of the Policy Handbook is always available in the centre. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and that you understand how you can have input to policy review.
- Optional Charges:** A non-refundable enrolment deposit of \$50.00 is required when the "Learning Unlimited Attendance Contract" is signed. Fees will be charged for all statutory holidays (except during the 2 weeks Christmas/ New Year Closure). We are unable to substitute or provide in lieu days for Stat days. A late fee of \$1 per minute shall be charged to your childcare account if you pick up your child late and are enrolled for the short day or 6-hour session. If late after closing time of 5:30pm the late fee will be payable to the teachers that have to stay on late. Once your child has been enrolled at Learning Unlimited, they are entitled up to two weeks with half price absence discount each year. This may apply to holiday, sick days etc
- Email:** By signing this agreement indicates that Learning Unlimited Childcare can contact you through email regarding the care and education of your child.

Parent/ Guardian Signature: _____

Date: ____ / ____ / ____

EXCURSIONS

Permission for the child to take part in regular local excursions (under the conditions stated in the service's excursions policy). The ratio for children aged two years and above will be **1 adult: 4 children or less**, and for children aged under 2 will be **1 adult:1 child**.

Parent/ Guardian Signature: _____

Date: ____ / ____ / ____

SPECIAL REQUIREMENTS

Please note any additional items here:

◆ PARENT DECLARATION

I declare that all the above information is true and correct to the best of my knowledge. Acceptance of enrolment of my child at this service is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. Management reserves the right to terminate enrolment or vary the conditions.

Parent / Guardian Signature: _____

Date: ____ / ____ / ____

◆ SERVICE DECLARATION

On behalf of [Learning Unlimited Childcare], I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Any changes to this form **must** be signed and dated by the parent / guardian.

Version: June 2021

Learning Unlimited Attendance Contract

I have enrolled my child to attend Learning Unlimited Childcare on

Monday Tuesday Wednesday Thursday Friday (circle days attending)
per week, from _____ am to _____ pm from _____ (Date).

Note this must be minimum of two days.

I understand the fees will be \$_____.

Payment will be made by me **weekly / fortnightly** (select one) by means of
automatic payments / cash / internet banking (select one).

I accept that if my fees become more than **two weeks overdue**, my child may forfeit their place. If I am going to withdraw my child or my child is no longer going to be attending Learning Unlimited Childcare I will ensure I give **two weeks notice**.

I accept that if my child's hours differ from their booked hours, I will be asked to change their hours to match the hours they attend. If I am late to pick up my child, **I will be charged a late fee of \$1.00 per minute (see fees schedule)**.

Learning Unlimited welcomes Parent Involvement in the service through feedback for self-review, policy review etc. We have regular events to which we invite parents and care givers. Parents are welcome to drop in and visit, ring, or make contact through email. Details of Ministry of Education funding and expenditure are available by request. Learning Unlimited has regular reviews and parent involvement is welcomed. You will be kept informed of these through regular newsletters and information on the website.

Child's Name _____

Date (dd/mm/yyyy) ____ / ____ / ____

Parents name _____

X

Parent's signature